

TOWN OF EAST HAMPTON
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT

APARTMENTS IN SINGLE FAMILY HOMES
Request for Tenancy Approval
APPLICATION

PLEASE READ THESE DIRECTIONS CAREFULLY BEFORE FILLING OUT THIS APPLICATION. INCOMPLETE AND/OR UNCLEAR INFORMATION WILL DELAY THE REVIEW OF YOUR APPLICATION. PRINT CLEARLY, IN INK, AND FILL IN ALL LINES AND/OR BOXES THAT APPLY TO YOU.

THIS APPLICATION MUST BE HAND DELIVERED IN PERSON TO OUR OFFICE AT
267 BLUFF ROAD AMAGANSETT.

OUR OFFICE HOURS ARE
MONDAY THROUGH FRIDAY 9:00 AM TO 4:00 PM (EXCEPT HOLIDAYS)

COPIES OR FAXES OF THIS APPLICATION WILL NOT BE ACCEPTED. THE APPLICANT
BEARER MUST BRING A VALID GOVERNMENT ISSUED PHOTO I.D. WHEN DROPPING OFF AN
APPLICATION

Please note the following:

- 1) Applications will be reviewed upon receipt, in the order received. You will receive written notification as to whether you are eligible, ineligible, or your application is incomplete.
- 2) You must be a resident of the Town of East Hampton.
- 3) All information you put on the application may be verified through a third party.

To the Applicant :

Please read the entire application carefully before you begin to fill in the blanks. Please fill out this application completely. Leaving blanks will cause a delay in processing your application. Please print all information. List only the people who will be living with you. All statements will be verified to determine eligibility. Remember to sign and date the application and return it to the Office of Housing and Community Development, located at 267 Bluff Road in Amagansett. Do not mail or fax applications, do not submit multiple applications.

Tenant Information

Primary Lessee / Head of Household Address:
(Where you currently reside)

Mailing Address:
(Where you currently receive mail)

Phone _(_____)_____

Cell Phone: _ (_____)_____

Premises Information

Premises Address: (Where you want to reside)

Landlord Contact Information: (Name, address, phone)

Monthly Contract Rent: \$_____

Part 1: Household Information

Include all people who will live in the unit with you. List head of household first, then all other adults, then children under the age of 18. Write each person's date of birth, (D.O.B.), numerically: MM/DD/YY. Circle "F" or "M" to indicate sex. Indicate relationship of each person listed to the head of household.

Last Name	First Name	Social Security #	D.O.B	Sex (circle)	Relationship to Head of Household
				M / F	Self / Primary Lessee
				M / F	

Part 2: U.S. Citizenship or Permanent Resident Certification

All members of the household must be citizens of the United States, have permanent resident status or legal immigration status in the U.S.

☐ I certify that all the members of my household are either citizens of the United States or have permanent resident status and I can document their eligibility

*****Do not sign the application until you are in front of a notary who is ready to notarize your signature(s):**

Affidavit:

I (please print your full name) _____ (Lessee)
hereby certify that all of the information supplied in this application to be true and complete. I hereby certify that I do not own real property in East Hampton or elsewhere, including in other countries, and that the subject property is intended as my sole residence for the duration of the lease. I agree to notify the Town of East Hampton Office of Housing and Community Development of any changes in household composition, and that I will not sublet or otherwise rent any portion of the subject premises. I am currently a legal resident of the Town of East Hampton.

Lessee's Signature

Date

State of New York, County of Suffolk} ss.

Sworn to me this _____ day of _____, 200_.

Notary Public

Affidavit:

I (please print your full name) _____ (Additional Lessee) hereby certify all of the information supplied in this application to be true and complete. I hereby certify that the subject property is intended as my sole residence for the duration of the lease. I agree to notify the Town of East Hampton Office of Housing and Community Development of any changes in household composition, and that I will not sublet or otherwise rent any portion of the subject premises. I am currently a legal resident of the Town of East Hampton.

I also understand and acknowledge that as part of this lease agreement I subject my tenancy to inspection by the Building Inspector or his/her designee who has the right and the obligation, in the event of an emergency as determined by the Building Inspector, and upon notice to me or my agent, to enter upon any portion of the premises to protect the health, safety and welfare of the residents or to perform any duty required of him/her under the Code of the Town of East Hampton, the New York State Uniform Fire Prevention and Building Code and/or the rules and regulations of any other agency having jurisdiction over my residence.

Lessee's Signature

Date

State of New York, County of Suffolk} ss.

Sworn to me this _____ day of _____, 200_.

Notary Public

Comments *(Attach additional documentation if necessary.)*

Be sure to:

- Submit your application in person to 267 Bluff Road in Amagansett
- Bring a government issued, valid photo I.D. for each person over 18 in the household (driver's license, passport, Permanent Resident card, government employee I.D., etc.)
- Submit proof that you are a resident such as government issued photo identification, State Income tax forms, voter registration cards, current lease and rent receipts
- Completely fill out and notarize signatures of all adult lessees

Warning! Making false or fraudulent statements on this application is a crime

*****We have notaries in the Office of Housing and Community Development. Bring your original application and photo I.D. We will copy them in our office*****